

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091609553

FILING DATE

6/30/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4	1						54						
5	1						55						
6		1					56						
7		1					57						
8		330					58						
9		329					59						
10		328					60						
11		327					61						
12		326					62						
13		325					63						
14		324					64						
15		323					65						
16		322					66						
17		321					67						
18		320					68						
19		319					69						
20		318					70						
21		317					71						
22		316					72						
23		315					73						
24		314					74						
25		313					75						
26		312					76						
27		311					77						
28		310					78						
29	1						79						
30		1					80						
31		1					81						
32	1						82						
33	1						83						
34		1					84						
35		1					85						
36		311					86						
37		310					87						
38		309					88						
39		308					89						
40		307					90						
41		306					91						
42		305					92						
43		304					93						
44		303					94						
45		302					95						
46		301					96						
47		300					97						
48		299					98						
49		298					99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	106						TOTAL DEP.						
TOTAL CLAIMS	112						TOTAL CLAIMS						